

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



LORRYIST REGISTRATION FO

*03 JAN 27 P2:00

| (See back of this form for instructions) | | | |
|--|---|-----------------------------|--|
| (Type or Print | | STATE FERTHIC | Friday A. St. A. |
| PART I LOBBYIST | | | the second of the second |
| NAME(Last) (First) | (Middle) | | TELEPHONE |
| Freedman Charles | M. | | 543-4440 |
| MAILING ADDRESS (Street) | (City) (: | State) | (Zip Code) |
| P. O. Box 2750, Honolulu, HI 96840-0001 | | | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a busi | iness entity which has been retaine | d to lobby |) TELEPHONE |
| | | | |
| MAILING ADDRESS (Street) | (City) (S | State) | (Zip Code) |
| (Citaly) | (0.13) | Jiaio) | (Zip Code) |
| | | | |
| PART II ORGANIZATION | | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | ACTION 100 | | TELEPHONE |
| Hawaiian Electric Company, Inc. | | | 532-5860 |
| MAILING ADDRESS (Street) | (Cit.) | Ctoto) | |
| (Stieet) | (City) | State) | (Zip Code) |
| P. O. Box 2750, Honolulu, HI 96840-0001 | | | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION | 'S EXPENDITURES STATEMENT | | TELEPHONE |
| Marcia Wright | | | 532-5860 |
| MAILING ADDRESS (Street) | (City) (S | State) | (Zip Code) |
| P. O. Box 2750, Honolulu, HI 96840-0001 | | | • |
| | | | |
| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | |
| Agriculture Education | Human Services | X S | Science, Technology & Conomic Development |
| Communications & X Government Operations & Finance | Intergovernmental Relation International Affairs | ıs, T | ourism & Recreation |
| Consumer Protection & Hawaiian Affairs Commerce | X Labor & Employment | XT | ransportaion |
| Culture, Arts, Historic Health Preservation | X Planning, Land & Water Use Management | C | Other: (indicate below) |
| X Ecology, Energy, Housing | Y Public Safety & Correction | s | |
| Environmental Protection | | | |
| | | | |
| PART IV CERTIFICATION OF LOBBYIST | to the hest of my knowledge | e correc | t and complete |
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. | | | |
| (nar Q/) read an | 1/03 | 103 | |
| (Signature of Lobbyist) | | (Date | 9) |
| PART V AUTHORIZATION TO LOBBY | | | |
| NAME | TITLE OF AUTHORIZING OFFIC | ER OR PE | RSON REPRESENTED |
| Maller M. Toward | | | |
| Molly M. Egged NAME OF ORGANIZATION (if applicable) | | | TELEPHONE |
| | | | |
| Hawaiian Electric Company, Inc. | (Cia) | Ctata) | 543-7728 |
| MAILING ADDRESS (Street) | (City) | State) | (Zip Code) |
| P. O. Box 2750, Honolulu, HI 96840-0001 | | | |
| I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned. | | | |
| $M \sim M \sim$ | 1 . | 27/03 | |
| (Signature of Authorizing Officer of Person Represente | | 27 / 03 (Date | e) |